

NIOSH recommends that health care facilities use safer medical devices to protect workers from needlestick and other sharps injuries. Since the passage of the Needlestick Safety and Prevention Act in 2000 and the subsequent revision of the OSHA Bloodborne Pathogen Standard, all health care facilities are required to use safer medical devices.



SAFER MEDICAL DEVICE IMPLEMENTATION IN HEALTH CARE FACILITIES

SHARING LESSONS LEARNED

NIOSH has asked a small number of health care facilities to share their experiences on how they implemented safer medical devices in their settings. These facilities have agreed to describe how each step was accomplished, and also to discuss the barriers they encountered and how they were resolved, and most importantly, lessons learned.



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Safe Medical Devices Project

Phase Three

This Skilled Nursing Residence is a 139 bed teaching nursing home which is owned by a University. We are located on the university campus and serve as a clinical practice site for nursing students, as well as other students including, physical therapy and occupational therapy students, dietitian students, social work student and clinical pastoral education students. We operate three distinct units; a 39 bed Medicare Unit, a 31 bed Dementia Unit, and a 69 bed long term care unit.

1. Describing the Process

Our process was to identify priorities and determine the medical devices that would have the greatest impact on preventing occupational exposure.

The three main areas of consideration were:

- needlestick injury patterns
- safer medical devices currently in use
- OSHA regulatory requirements

The staff felt strongly that the issues were related to disposal. Housekeepers agreed that needle disposal seemed to be a problem. They all agreed that more sharps disposal containers were needed. Sharps disposal containers was the safer medical device that the committee agreed we needed to work on.

Currently, there are no sharps disposal containers in resident's rooms; they are all located on the side of the medication administration carts. These containers are almost always full. Because they are located on medication administration carts, the housekeepers do not remove and replace them and nurses remove and replace them only when there is absolutely no more space left in the container. This practice creates an unsafe work environment that has the potential to lead to injury. The committee agreed that this practice needed to be changed immediately and the Medicare Unit was selected as the location for the pilot study.

2. Obtaining Information

For information about available sharps disposal systems, we selected three options; group purchasing catalogs, group purchasing representative, and vendors. After perusing catalogs, and speaking to our group-purchasing representative, we decided to invite a vendor to the facility to demonstrate their products. We chose one vendor only on the recommendation of the group-purchasing representative, since that vendor had multiple selections and we would have a variety of products to choose

from. This vendor carried the most frequently used system in the industry, was available to demonstrate the units promptly and had supplies in stock.

The committee was brought together and in one meeting we met with the vendor on site and screened many different models of sharps disposal containers. We wanted the containers to be easily accessible, simple to use, easy to empty and replace, and tamper resistant. We looked at various sizes and models, vertical drops, horizontal drops, white, yellow, red, one quart, five quart up to five-gallon sizes. We did not use any screening tools nor did we have quantifiable criteria for this process. We simply gathered the interested parties together and looked at a number of devices. By consensus, the group decided on a five- (5) gallon in-room, horizontal drop model that would be wall-mounted and had an attached glove dispensing box in an off-white color. As mentioned previously, aesthetics were important to the group, and the selected sharps disposal container was viewed as functional yet unobtrusive. The staff deemed this particular sharps disposal system to be their choice.

3. Recommendation

The members of the committee decided on the device they wanted and we agreed to recommend that device to the Administrator.

The vendor was willing to give us a discounted price (less than the price we would get by purchasing the devices through the group-purchasing program). The Administrator agreed and approved the purchase. .

4. Next Steps

1. The purchasing agent will order the sharps disposal devices, sufficient so that one would be mounted in each of the residents' room.
2. A work order will be sent to the Maintenance Department to install the devices as soon as they arrive in the facility.
3. Next meeting will not be set until the devices are installed and we have had an opportunity to use them.

5. Lessons Learned

Once again, the process took very little time. The staff was very decisive, and seemed to know exactly what they wanted. They examined each device carefully and efficiently and noted its benefits and weaknesses and concluded the process relatively quickly and proving yet again the importance of including front-line staff in such decisions. They are best prepared to analyze the strengths and weaknesses of a system, and to offer solutions. My advice to others is to be sure to include the users of the devices in order to assure that the administrative staff fully understands the issues and obtain the appropriate equipment.

ATTACHMENT A

Staff Hours:

Type of Staff	Hours Spent on Phase 2
Management	1.5
Administrative	2
Front-line	1.5
Total	5

Other, non-labor items:

Item
1.
2.
3.
4.
5.